FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 19 AM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G12992 (5)

1. Corporation Name
BARRETTLAIDLAWGERVAIS, INC.

Principal Place of Business	Mailing Address
~~% ROBERT GIBSON~~ 9260 SUNSET DRIVE #103 MIAMI FL 33143-4529	~~% ROBERT GIBSON~~ 9260 SUNSET DRIVE #103 MIAMI FL 33143-4529

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 12/03/1982	3a. Date of Last Report: 03/14/1994
21	26	4. FEI Number: 59-2239749	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24: 33173 / Country 25	Zip 29: 33173 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOKOL, LAUREN 9260 SUNSET DR #103 MIAMI FL 33173	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	V.P	☐ Change ☒ Addition
NAME	BARRETT, JORDAN	1.2 NAME		
STREET ADDRESS	9260 SUNSET DR. #103	1.3 STREET ADDRESS	DAVID LAIDLAW 9260 SUNSET DRIVE #103	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL.	
TITLE	SVP	2.1 TITLE	SEC.	☐ Change ☒ Addition
NAME	BARRETT, PATRICIA	2.2 NAME		
STREET ADDRESS	9260 SUNSET DR. #103	2.3 STREET ADDRESS	JOHN P. GERVAIS 9260 SUNSET DRIVE #103	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL.	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	SOKOL, LAUREN	3.2 NAME		
STREET ADDRESS	9260 SUNSET DR. #103	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lauren Sokol LAUREN SOKOL, TREAS. 4/11/95 305-596-1379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0188364 CP